

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Lofton, DeWayne

14 ACCOUNT # (Ethics Commission filers)
00000012

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 470.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,920.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 198.82

4. TOTAL POLITICAL EXPENDITURES \$ 1,673.82

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 8,750.82

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,000.00

17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

DeWayne Lofton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DeWayne Lofton, this the 27th day of October, 2014, to certify which, witness my hand and seal of office.

Susan C. Harry
Signature of officer administering oath

Susan Harry
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 3/6	
2 FILER NAME Lofton, DeWayne		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Hoover Jr. 6 Contributor address; City; State; Zip Code 1303 Comal St Austin, TX 78702-1109	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barros, Roque Contributor address; City; State; Zip Code PO Box 741123 San Diego, CA 93174	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betts, Charlie Contributor address; City; State; Zip Code 14741 Arrowhead Dr Valente, TX 78641-9122	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Downtown Austin Alliance	
Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, R.H. Contributor address; City; State; Zip Code 3105 Valburn Dr. Austin, TX 78723	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) food & drinks for event
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacob, Betty Contributor address; City; State; Zip Code 3106 Val Drive Austin, TX 78723	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) food & drinks for event
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/6	
2 FILER NAME Lofton, DeWayne		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 09/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacob, David	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) food & drinks for event
6 Contributor address; City; State; Zip Code 1713 Shelbourne Dr. Austin, TX 78752		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Truck Driver		10 Employer (See Instructions) AAA	
Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madison, Craig	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) food & drinks for event
Contributor address; City; State; Zip Code 5707 Wellington Austin, TX 78723		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Computer Tech		Employer (See Instructions) DPS	
Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Toni	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) food & drinks for event
Contributor address; City; State; Zip Code 7585 Chevy Chase Dr. #203 Austin, TX 78752		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Legal Auditor		Employer (See Instructions) Polunsky, Bitel & Green LLC	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Officer, Troy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3401 W Parmer Ln Austin, TX 78727-4130		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RECA Good Government PAC	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 98 San Jacinto Blvd. Ste. 510 Austin, TX 78701		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 5/6

2 FILER NAME Lofton, DeWayne

3 ACCOUNT # (Ethics Commission filers)
00000012

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
10/23/2014 Stern, Lonny

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2929A E 13th St
Austin, TX 78702-2419

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 6/6	2 FILER NAME Lofton, DeWayne	3 ACCOUNT # (TEC filers) 00000012
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4 Date 10/02/2014	5 Payee name Boaz Enterprises
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6 Amount (\$) \$300.00	7 Payee address City; State; Zip Code 2011 E. 6th Street, Suite 1209 Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/15/2014	Payee name Boaz Enterprises
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Amount (\$) \$600.00	Payee address City; State; Zip Code 2011 E. 6th Street, Suite 1209 Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/09/2014	Payee name Susan Harry Consulting, LLC
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Amount (\$) \$575.00	Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Compliance consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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